

Transformations

How the Mental Health Services Act Is Changing Lives in Los Angeles



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LOS ANGELES COUNTY
DEPARTMENT OF
MENTAL HEALTH



COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
MENTAL HEALTH SERVICES ACT

Marvin J. Southard, D.S.W., Director



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Letter from the Director

Dear Reader,

The vignettes that follow show how the Mental Health Services Act (MHSA) has touched the lives of real people and real families throughout Los Angeles County ever since California voters approved the measure in a 2004 ballot proposition.

The stories illustrate how the Act is helping L.A. County provide the support that children, adults and families sometimes need to rebound from mental illness.

Our key goal here is to highlight the transformative ways in which we are providing services. Thanks to the MHSA, we can do something far more fundamental and effective than simply treat “mental illness”: we can improve the quality of life of the “whole” person—helping him or her overcome an addiction to drugs, for instance, develop resilience, attain a higher level of education or land a better job.

Our hope is to help people and their families not only rebound from crisis but achieve the full promise of living productive, fulfilling and meaningful lives.

Enjoy the stories,

A handwritten signature in black ink, reading "Marvin J. Southard". The signature is written in a cursive, flowing style.

Marvin J. Southard, D.S.W.
Director of Mental Health

Transforming Lives

Although the Mental Health Services Act helps people of all ages cope with mental illness in Los Angeles County, the MHSA also provides unique services to various groups, including: Children, Youth and Young Adults, Adults, Seniors, People in Crisis, and Our Communities.

For Children (birth to 15), Los Angeles County is using MHSA funds to enhance the resilience of children with behavioral and emotional problems, enabling them to succeed in school and avoid involvement with the juvenile justice system. Children are also helped by the Family Support Services program, which makes families and caregivers active participants in caring for children with severe emotional disturbances. Caregivers and families are encouraged to define and express their needs as well as work with a team of social workers, counselors and other professionals. Like all MHSA programs, the program's ultimate goal is not simply treating an "illness" but promoting recovery and resilience. Finally, MHSA funds are being used to develop Prevention and Intervention programs aimed at finding and treating young people experiencing the onset of mental illness.

Seniors (60 and older). The MHSA hopes to lessen the need for reactive, emergency treatment by providing proactive, preventive care. One key MHSA innovation uniquely designed to offer such help to seniors is L.A. County's "Service Extender Program." Service Extenders are volunteer peer counselors who work with licensed mental health professionals to find and help older adults with mental illness whose needs aren't being met. Minimizing the social isolation felt by seniors such as John [see Page 12], Service Extenders deliver services in community settings where older adults congregate—such as health clinics, faith-based institutions and senior centers. To meet with seniors who have trouble getting out, Service Extenders also visit senior housing complexes and even seniors' own homes. Since many older adults are affected by the stigma of mental illness and will not go to mental health clinics, Service Extenders are always out trolling the field.

The MHSA is enabling **Youth and Young Adults (16 to 25)** to succeed in school and life by helping them overcome challenges, including:

- Learning disorders such as dyslexia (see Carmen's story on page 13).
- Early signs of emotional problems that if left untreated could escalate into chronic mental illness, substance abuse, school violence, gang membership or even suicide attempts.
- Unstable housing. Drop-in Centers and Enhanced Emergency Shelters offer not only temporary, safe shelter, but peer counselors, licensed therapists and case managers who help homeless young men and women find housing and other social supports.



Adults (26 to 59). Perhaps the most tradition-challenging MHSA programs aimed at adults are Wellness Centers. About one-half of all staffers at the centers are peers, people treated by the mental health system who are now helping others. These consumer-driven or "client-run" centers try to increase people's self-reliance and community involvement by providing a comprehensive array of self-help, educational, social, and recreational activities. Wellness Centers have served 12,199 people since January 2007; in 2010 they are expected to serve more than double that.

People in Crisis. Alternative Crisis Services tries to slow the revolving doors that often move the same people in and out of expensive psychiatric emergency rooms, locked hospital wards, and jails. A partner program called Countywide Resource Management has helped more than 30,000 people move from pricey and restrictive emergency rooms, jails and intensive residential services to less expensive and less restrictive community based homes and services. The programs work not by releasing people cavalierly but by connecting people with social supports—from stable housing to peer support groups and money management classes—that keep them out of crises.

Our Communities. Some say that Los Angeles County—with over 10 million people from 140 countries speaking 224 languages—is just too big of a place to create the sort of neighborly, community-based mental health system the MHSA requires. But Dr. Marvin J. Southard says the county's huge size is precisely why "community outreach has to be our most important goal." In a mid-2009 report, state MHSA auditors said Los Angeles has made "the most serious commitment" of any California county to giving "stakeholders a meaningful role in the monitoring of the mental health system and in decisions about that system."

Hope, Wellness and Recovery

“For me, recovery means working hard to have a life that stretches beyond the limitations of mental illness. But I could never have found hope by myself. I needed an environment, a community around me that could see ‘me’ beyond my illness.”

-- Marjorie Rothman



Making It Through the “Terrible Two’s”

Lili Beth’s Story

“Lili Beth* has fewer tantrums because of the techniques I’m learning through FSP**, like giving her the choice to do something by herself or to get help from me. The questions help her focus and help me set limits.”



Lili Beth’s mom Elena enrolled her 2-year-old Latino/African-American daughter in a Transitional Housing Program in Los Angeles in February, 2009, six months before we spoke with her. They had been living with various family members, but with Lili Beth’s biological father incarcerated, family support was sporadic and they had been forced to spend some time in a shelter.

All two-year-olds go through rough patches, Elena knew, but after several months of living on the edge Lili Beth’s behavior seemed increasingly erratic—distant on some days; defiant, oppositional, fussy and emotional on others.

Since the two joined the program, Elena and a therapist have been working diligently to help Elena become more self-confident in her parenting. Lili Beth is now following directions, using her words to express her feelings and having fewer tantrums. Elena says she is both “less stressed” and better able to monitor Lili Beth and manage situations in a more disciplined and appropriate manner. “I felt like I couldn’t control her before and now I feel like we are doing better.”
– St. Anne’s

* Consumer and parent names changed

** FSP or Full-Service Partnership counselors and case workers provide “wraparound care”; working closely with a variety of public and private community groups, their aim is to do “whatever it takes” to help people and families recover from mental illness and develop resiliency to meet future challenges.

From Anger and Addiction to Friendship and Hope

Larry's Story

The year before he moved into the Masada Homes, a full-service-partnership program in Gardena, Larry, 21, had been hospitalized nine times for psychotic and aggressive behavior as well as for suicidal gestures like purposely running into traffic.

When Larry joined the program in October, 2007, the FSP team initially described him as “not really there.” At times, Larry wouldn’t respond when spoken to. And in his first two months at Masada, the FSP team handled frequent crises and had to assist Larry’s foster father in hospitalizing Larry twice for unsafe and aggressive behavior. “I was afraid,” the foster dad said, that Larry was going to “break everything in the house.”

Desperately worried that Larry would have another break and cut himself or run into traffic again, Larry’s foster parents were on the verge of getting him “conserved” so he could be placed in a locked facility.

Knowing that both the MHSA and Masada Homes aim to keep people out of needlessly restrictive and expensive forms of care whenever possible, the lead therapist on Larry’s FSP team began working closely with Larry’s foster parents not only on crisis management but on crisis prevention, such as helping Larry de-escalate his aggressive episodes. Larry began opening up to his counselors and in one session

admitted extensive marijuana use. A co-occurring disorder counselor was brought on Larry’s team and by the summer of 2008, Larry had become much more stable than the year before.



Larry’s marijuana abuse was still out of control, however, and so a Masada counselor helped Larry voluntarily enroll in a one-month outpatient addiction treatment program at Didi Hirsch that left Larry determined to stay clean from marijuana use.

To this day, Larry has followed through on that goal and many others. The FSP team agrees there has been an enormous change in Larry. He has not required hospitalization for over a year since the second month that he was enrolled in FSP and has not engaged in self-harm. He is more motivated and socially confident—able to maintain friendships he never could before.

Today, Larry is studying at a community college and regularly attending Narcotics Anonymous meetings. Larry and his foster parents are thrilled with his progress. “If it wasn’t for your program,” Larry tells his counselors today, “I would probably still be at the hospital. I am really glad that you’re in my life. Things are better now.” – Masada Homes

Brenda's Story

My name is Brenda. I am 48 years old. I was diagnosed with manic depressive illness in 1975. I graduated in 1977 after numerous hospitalizations. I joined the army, couldn't make it through basic training due to my illness, and graduated from dental and medical assisting and cosmetology school. I was declared disabled in 1991.

My illness was at its worst and I had no idea what my purpose in life was. I had too many complications from medication. I smoked marijuana to alter my moods. That progressed to alcohol on and off for 2 ½ decades.

I belong to a wonderful mental health organization called Telecare and they have been very helpful to me in many ways. Last Fall, they presented the Co-Occurring Disorder (COD) Peer Advocate training program to me and it has already begun to change my life, along with 17 ½ months in recovery. I have a new outlook on life and how I view other people. I have been, for these last 17 months, ready to be of service to people.

I feel I have finally found my niche. This program is teaching me how to talk to and treat people on a professional level. Everyone that knows me tells me they see the difference in me. I can see it in myself, too. – Brenda, COD Peer Advocate Intern

I Never Could Have Found Hope by Myself

Marjorie's Story

My recovery from mental illness has been a long, hard journey. Many times, I thought I'd never make it to where I am now. It's taken a lot of help from my family and friends. Two very important ingredients for concepts to recovery are hope and connection.

After completing 2 ½ quarters at UC San Diego in my freshman year, I had a nervous breakdown caused by stress and depression. I was hospitalized at the ripe age of 18. I began taking medication. I walked around like a zombie for weeks and weeks. I hated it, but I saw friends go off their meds and end up back in the hospital. I did not want to return to the hospital so I continued to take my medication no matter how much I disliked it.

What I wanted was to return to my life without illness. I kept thinking, "One day everything will be back to normal." That couldn't have been further from the truth. I was in pain while my friends were in grad school. I was alone while my friends were getting married. I had to adjust to the life I have versus the life I thought I was going to have before getting sick.

I met a fantastic psychiatrist who listened to me and encouraged me, by telling me how well I was doing. When I started experiencing hope, life seemed more livable. I began to look forward to the coming days. I became busier, and more productive. My family and friends have also been very supportive in my recovery. My parents kept in close touch with me while I was in and out of hospitals and halfway houses. My friends came to see me one-by-one. They let me live with them when I could not support myself. My friends and family never lost hope in me though it has sometimes been difficult for me to hold on to hope for myself. I'm now on my own, which is no easy task. From my connection to them, I learned that there are people who love me unconditionally.

Though it was difficult for me to accomplish the goals I dreamed of, I attended Santa Monica College and earned my Associate of Arts degree. I then went on to finish my Bachelor's in Literature at the University of Judaism. These accomplishments meant a lot to my self-esteem and instilled more hope in me for my future.

Over the past 20 years, I was hospitalized 6 times, the last time being the summer of 2006 for 5 weeks. I had been taking on too much in my schedule. I overloaded myself without realizing it. The combination of all sorts of activities went beyond my ability to manage. My symptoms returned, and things just exploded. I was out of work for about 8 weeks, but the Department of Mental Health Geographic

Area Administration took me back and helped me to rehabilitate, taking it one step at a time. For me, recovery means working hard to have a life that stretches beyond the limitations of mental illness. But I never could have found hope by myself. I needed an environment, a community around me that could see "me" beyond my illness.

I needed to learn how to appreciate that I am a worthwhile person and deserve to have a good life. I still struggle with this everyday. Recovery is an on-going process. Medication, treatment, family, friends and staying active and connected in my community are all important elements to my recovery. But I know I have to take responsibility for my own life. This includes remaining hopeful, even on the bad days. And maintaining my connections both personal,

professional and treatment-oriented.

I have been on a very long journey. I think life itself is a long journey for everyone. I'm not recovered entirely from mental illness, but I'm still hard at work. I will keep trying as long as I live. I'm not one to give up. Today, I know that if things get bad for me again, I can call my therapist or psychiatrist. I can attend more self-help recovery groups at SHARE! or Recovery International. I can also sign-up to attend wellness groups at Step Up on Second, Didi Hirsch, Pacific Asian Counseling Services or the Edelman Wellness Center. If I'm feeling really bad, I can go to the Exodus Recovery Urgent Care Center to talk to someone or get my medications adjusted. I can also reach out to my family and friends, or the Rabbi at my Temple. But most of all, I credit myself for what I am doing with my life, and hold on to as much of it as I can, one day at a time. I look forward to seeing how the rest of my life unfolds. – Marjorie Rothman



Sisters Unsettled, Sisters in Place

Ly and Linda's Story



Nine-year-old Ly Nguyen* and her 14 year-old sister Linda were having trouble in school after moving from Vietnam to Los Angeles. Ly would wait at the bus stop with greasy hair and dirty clothes. Once onboard she would often hit other kids and sometimes grab their private parts or expose hers. Linda was failing classes and said she was furious that her parents were doing so little to control Ly.

Today the sisters have learned how to make friends, excel in class and show appropriate affection. The transformation happened after the girls and their parents began receiving help from counselors and case workers at Pacific Clinics' Asian Pacific Family Center. The unique Full Service Partnership, funded by the MHSA, is administered in several Asian languages across six sites in Los Angeles County with the cooperation of four agencies.

The centers' therapists and case managers worked with Ly and Linda and their parents in culturally sensitive ways. They role-played extensively, for example, to teach appropriate touching, cooperation and communication. Pacific Clinics also partnered with other groups. Counselors were able to monitor Ly's behavior because they worked closely with teachers at her school, for example. They also helped keep the family together by helping county foster care agency workers improve parent-child relationships at home. Finally, the Nguyen family received transportation assistance, linguistic assistance, food vouchers and money management advice. – Pacific Clinics, Advances, Autumn 2008

* Consumer names changed

Learning How to Trade Clutter for Comfort

John's Story



John*, an unmarried older adult, was in a bind. After decades working in relatively solitary jobs like electronics and living alone in single rooms or studio apartments, he had become painfully awkward socially—following some people a bit too closely for comfort, for example, and appearing distant even after doing his best to participate in activities at his senior center. He had also become a hoarder. He collected things in large piles that crowded his small apartment so much that his building manager was threatening to kick him out. John, who also struggled with high anxiety and obsessive compulsive disorder, did not know how to cope with his landlord's challenge.

That's when the MHSA's Field Capable Clinical Services reached out to John. FCCS programs are expressly designed to help people under-served because of their inability or

reluctance to seek care in traditional mental health settings. After being approached by volunteer peer counselors called "Service Extenders," John was given a case manager and enrolled in weekly counseling sessions at Heritage Clinic, a community assistance center for seniors in Pasadena.

Since he began working with his counselor to challenge the assumptions that drove his anxiety, John has become more socially confident, even with his apartment manager, who is no longer threatening eviction. As he develops trusting partnerships with others, John's need to hoard things is also diminishing. Little by little, his life, like his apartment, is becoming less cluttered. – Heritage Clinic

*Consumer name changed

Getting Not Just Special But Effective Education

Carmen's Story



Carmen*, a 15 year-old Caucasian female, was worrying her mom and three sisters. Ever since being placed in a special education program because of her aphasia and dyslexia, Carmen had been complaining of headaches, stomach pains and other physical illnesses. When her mom tried to help her get ready for school, Carmen would refuse in verbally aggressive ways. Carmen's mom insisted that Carmen was a kind-hearted girl, but she just couldn't understand why she had such a problem with school because Carmen wouldn't tell her. The mystery began unraveling in 2009, when Carmen told her MHSA counselor that she was being bullied and picked on by children. Carmen said she felt labeled as "retarded" and wasn't learning in class because she wasn't

being challenged. Carmen's FSP case manager gave Carmen's mom a referral to the K.E.N. Project, a group that serves "Kids with Exceptional Needs and their Families." At one of the group's monthly meetings, where parents share stories of raising special needs children, Carmen's mom discovered that the special education program was the wrong educational setting for her daughter. With help from a K.E.N. Project advocate, Carmen's mom got her daughter transferred to a school where she now thrives. Carmen's mom says her daughter's outlook has completely changed. Once sad and withdrawn, Carmen is now energetic, happy with school and comfortable expressing and channeling her feelings. – The Help Group

* Consumer name changed

For the First Time, I Can Invite My Family

Jesse's Story

After Jesse started drinking at age 18, his life became consumed by alcohol. His marriage at 21 gave him a daughter but lasted only one year. Jesse worked in construction and other odd jobs, settling in Los Angeles in 1980. After a brief stay in a hotel, he became homeless.

Governed by booze and crack cocaine, Jesse lived on the streets for the next 27 years until his life crossed paths with an evaluator for Project 50, a MHSA-funded project in which Department of Mental Health clinicians, along with nurses, psychiatrists and social workers drawn from more than two dozen public and private agencies, help move 50 of the most vulnerable people on Skid Row into permanent supportive housing.

Although Jesse initially came across as resilient and street-savvy, the evaluator soon recognized his underlying depression and social isolation. Without help, the staffer concluded, Jesse was at high risk of dying within seven years.

Instead, Jesse has become a model Project 50 participant. He goes to chemical dependency group twice a week, church every Sunday, and pays his rent regularly.

Today, Jesse, now 61, credits Project 50 for helping him win his battle with alcohol and cocaine and gain freedom from Skid Row. "For the first time I can invite my family to come and visit me," he says. "My mom, my grandson, my brother-in-law—and my daughter."

– Department of Mental Health, Project 50



Manuel's Story

I was born in Panama and moved to the USA at 12 years-old. I was a very active and social child. I completed high school in Norwalk, CA, with mostly A's and B's. I enjoyed being on the football team and was an average player.

After high school I was eventually able to find work cleaning carpets which I did for eight months. I quit my job to take a trip to Panama to see my relatives. A few years later, in my early twenties, things suddenly started to change and a weird time in my life showed up. I call it, "Darkness in the Arrival of Dawn." I found myself in a great depression and would cry for no reason. I had frequent panic attacks; my hands and legs would tremble, and I couldn't control this. I was feeling stressed and worried about everything.

I began using drugs and alcohol during my last three years of high school, and I began increasing my abuse of substances as my problems got worse. This made me feel a bit better temporarily, but things changed drastically just about one year after high school. I started to trip out mentally, hearing voices when no one was around. I started to think there were cameras in my house and anywhere I went. I also believed that there were microphones in electric appliances. I thought I was receiving messages from the government when watching TV.

My family was living with me and knew I needed help. They had never seen me behaving like this before so they finally got help. I was hospitalized at Harbor UCLA and was diagnosed with Paranoid Schizophrenia.

I was put on medication for my "symptoms." It took about seven or eight years to feel like I was myself again. During this time I struggled with lots of fears and confusion battling whether my thoughts were real or not, whether I heard a voice when someone was not around. This happened a lot; I would always wonder if I should pay attention to them or not; could they be demons talking to me? I would tell myself they were not real, it's only your mind playing tricks Manuel, ignore it, it's your illness messing with you.

One of the things that helped in my recovery was attending the UCLA Aftercare Program. They educated me about my illness and I attended support groups there prior to coming to Rio Hondo Mental Health. Coming to Rio Hondo has further helped in my recovery, including my work as a volunteer, and on the Client Coalition.

I got to be part of a very special group, the COD group for clients that I had a lot of things in common with. I have made real friends there who have helped me in a great way. As a volunteer here, I get to help run groups for other clients, translate for the psychiatrist and nurse practitioner, and help in the file room. I completed a Peer Advocacy Training which has helped me to be a better peer supporter of other clients. I feel it would have been more difficult to recover without the help of other people, both staff and good friends that I really care for. I think that a lot of people played a part in my recovery, helping and being of support to me, being a friend, listening to me when needed and teaching me to do better day by day. Now I have a lot to be thankful for; a lot of helpful people and the help of a Higher Power that I cannot leave out, I feel he/she was there the whole time.

Now, I desire to give back what other people have given to me during my years of distress and recovery. My goal is to return to college to pursue my dream of having a career in art which I had given up some years back. In the meantime, I can continue at Rio Hondo as a volunteer and working to build the Client Coalition until it is time for me to move on. I attend Alcoholics Anonymous and Narcotics Anonymous groups for relapse prevention. I thank the staff and clients at Rio Hondo for playing an important part of my life when things were difficult; you have helped me to get better.

For other clients still struggling, I know things can get better, there is always hope, don't give up, just give it time. Once again, I know that the darkness in the arrival of dawn doesn't have to be forever, sooner or later the light will shine.

- Manuel U. Cordoba

“Whenever I am faced with adversity, instead of getting frustrated, I focus on the progress that I have made and the people that have assisted me.”

-- Anthony D. Abbott



A Better Model of Care: 'Help First' Not 'Fail First'

The circles at right show the possible impact of Full-Service Partnership (FSP) services on consumers' lives following enrollment in FSP.

FSPs—alliances between consumers, families and health professionals—do "whatever it takes" to help consumers move from their illness to hope and then from recovery to wellness.

FSPs help not just individuals but families break free from the sort of harmful relationships that can lead to hardships such as homelessness, hospitalization and even incarceration.

FSPs emerged from the "system of care" models developed over the last 15 years and the very successful AB 2034 program in California, an outcome-driven intensive services approach to reducing incarceration and homelessness.

Today in LA County, FSP outreach workers are helping thousands of people cope with mental illnesses that would otherwise doom their hopes of working, building lasting friendships and living independently.

Days in Psychiatric Institutions

- 83% reduction for older adults
- 87% decrease for adult

Days Incarcerated

- 46% decrease for older adults
- 28% decrease for adults

Days Homeless

- 60% decrease for adults
- 52% reduction for older adults

Days Living Independently

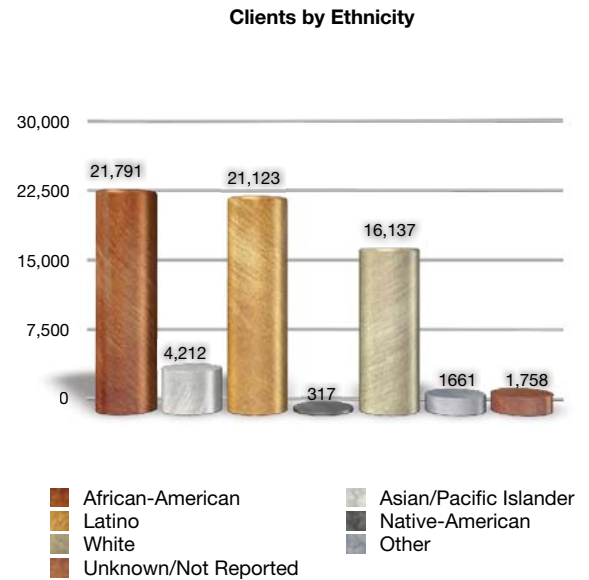
- 34% increase for adults
- 9% increase for seniors

Clients Served in Los Angeles County

Demographics of Clients Served from 2005 - 2009

| Unique MHSA Clients by Age Group* and Ethnicity | | | | | |
|---|-----------|-------|--------|-------------|-------------|
| Ethnicity | Age Group | | | | Grand Total |
| | Child | TAY | Adult | Older Adult | |
| African-American | 1,222 | 2,996 | 15,618 | 1,955 | 21,791 |
| Asian/Pacific Islander | 142 | 412 | 2,751 | 907 | 4,212 |
| Latino | 2,422 | 4,390 | 12,277 | 2,034 | 21,123 |
| Native-American | 14 | 28 | 252 | 23 | 317 |
| White | 362 | 1,567 | 11,648 | 2,560 | 16,137 |
| Other | 103 | 257 | 1,063 | 238 | 1,661 |
| Unknown/Not Reported | 44 | 152 | 1,234 | 328 | 1,758 |
| Grand Total | 4,309 | 9,802 | 44,843 | 8,045 | 66,999 |

* Client age as of December 31, 2009



Next Steps

As we have demonstrated the success of programs funded by MHSA and the positive impact these services have had on the lives of clients and families, we turn our efforts to a deeper level of transformation that involves so much more than developing innovative and recovery-based services. It involves creating a network of interconnected services that support client movement toward recovery and resiliency. MHSA Prevention and Early Intervention as well as Innovation programs that focus on models for integrating health, mental health and substance abuse treatment will be key components in the development of a service network that promotes hope, wellness and recovery. Models of care grounded in evidenced-based practices and community-defined evidence that are effective for individuals and families from diverse backgrounds and cultures will be incorporated. These are the next steps in the journey that is transformation.

Acknowledgements

We thank those individuals and families for their courage and generosity in sharing their personal stories to inspire and empower others; to bring hope, wellness and recovery for all Californians.

| | | |
|-------------------|----------------|------------------|
| Anthony D. Abbott | Lawrence Evans | Nguyen Family* |
| Carmen* | John* | Marjorie Rothman |
| Donnashay Carr | Brenda Jones | Adam Slider |
| Charlotte* | Lili Beth* | Jesse Walker |
| Manuel U. Cordoba | Marta* | |

We also thank the following agencies and individuals for contributing to this project:

| | | |
|----------------------|---------------------|------------------------------------|
| St. Anne's | Heritage Clinic | Rio Hondo |
| Masada Homes | The Help Group | Telecare |
| Pacific Clinics | Project 50 | Emergency Enhanced Shelter Program |
| Nerissa Abriam | Vandana Joshi | Urmi Patel |
| Terri Boykins | Kathleen Kerrigan | Kathleen Piché |
| Rosalie Esquibel | Gladys Lee | Susan Rajlal |
| Katie Fenton-Strauss | Le Macias | Alex Raksin |
| Allison Foster | Mary Marx | James Randall |
| Maria Funk | Kumar Menon | Youngsook Kim-Sasaki |
| Mychi Hoang | Bryan Mershon | Krista Scholton |
| Lawrence Hurst | Phyllis Moore-Hayes | John Snibbe |
| Debbie Innes-Gomberg | Dennis Murata | Chetta Tanakun |
| Veronica Jones | Greta Oducayen | Nyja Tapscott |

* Consumer name changed

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Resources

Department of Mental Health's Emergency & Non-Emergency Helpline

24 hours/7 days

"ACCESS"

1-800-854-7771

Department of Mental Health website:

<http://dmh.lacounty.gov>





Transformations, a 2010 Publication of the Los Angeles County Department of Mental Health